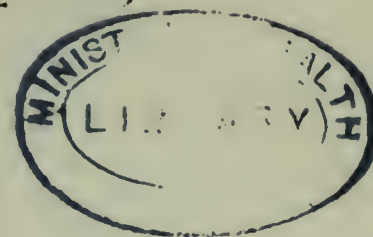


ROTHERHAM RURAL DISTRICT COUNCILAnnual Report of the Medical Officer of Health
for the year 1950.General Statistics.

Area in acres	-	28,739
Population (census 1931)	-	36,489
Population (estimated) 30th June, 1950	-	47,150
No. of inhabited houses	-	12,961
Rateable value	-	£177,075

Vital Statistics.Population

The estimated population for 1950 of 47,150 showed an increase of 210.

Births

The number of births registered in 1950 was 989, an increase of 13 upon the previous year, and the third highest figure for the past 25 years. The birth-rate was 20.9 per thousand of the population. The comparability factor supplied by the Registrar General for the district was 1.0, so that the birth-rate was exactly comparable with the rate of 15.8 for the Country as a whole.

As a passing comment upon the high birth-rate, it is fitting to say that all these extra children require 30 per cent more in the way of social services than the population would seem to justify. For example, more midwives, more infant welfare clinics, extra school accommodation and bigger houses are all required. The large number of large families in this district arouse needs which simply do not exist in other West Riding areas with half the birth-rate.

There were 36 Illegitimate births.

Stillbirths totalled 24 which gave the reasonably low stillbirth rate of 24 per thousand births.

Deaths

There were 472 deaths in 1950 which was equivalent to a death-rate of 10 per thousand. To make the crude death-rate comparable with other districts the Registrar General has supplied the factor of 1.27, which makes allowance for the high proportion of young people living in the area. The corrected death-rate of 12.7 was higher than the national rate of 11.6.

The principal causes of death were:-

Heart disease, including coronary disease	-	132
Circulatory disease	-	71
Malignant neoplasms	-	68
Pneumonia	-	18
Bronchitis	-	25

Infantile Mortality

There were 41 deaths of children under 1 year of age, giving an infantile mortality rate of 43 per thousand births. This was a great improvement upon previous years when rates around the 60's were our usual experience. It was still poor compared with the national rate of 29.8.

An analysis of infant deaths gives the following information:-

Infant deaths difficult or perhaps impossible to avoid.

Congenital malformations	-	12
Niemann-Pick disease	-	1
Complications of labour	-	6
Prematurity	-	5

Infant deaths more reasonably avoidable.

Pneumonia and bronchitis	-	8
Gastro-enteritis	-	4
Whooping cough	-	1
Asphyxia	-	3
Pink disease	-	1

It is usually the case that high infantile death-rates are found in districts with high birth-rates. Looking around for reasons for this we find that even with family allowances, there is less money to spend upon children in the larger families. Then again no mother can give to her sixth child the attention which she gave to her first. These are only given as examples. There are other reasons as well. So that although we know that our record of infant care is not all that could be desired, and, although it is not an easy matter to stop this loss of children by unnecessary deaths, more work on Infant Welfare could bring our infant death-rate down by half.

Maternal Mortality

There was one death of a woman in childbirth. This is a low proportion of 939 births and is comparable with the results got in the rest of the Country.

Deaths from Violence

There were 38 deaths from violence, including 12 from motor vehicle accidents, 1 from homicide, 4 from suicide and 21 from all other accidents.

Infectious Diseases

There were 110 cases of scarlet fever, 30 cases less than in 1949. Cases averaged 7 each month throughout the year and were scattered throughout the district. The disease showed no signs of epidemic prevalence.

Whooping cough was more prevalent in 1950. 250 notifications were received, mainly in the summer months. Nowadays this disease is more important than scarlet fever. It is a menace to children under school age, and particularly to babies. 2 children died from whooping cough.

The immunisation of children against whooping cough has been discouraged in this district because of the unsatisfactory reports received in regard to the protection which it gave.

Four cases of paralytic poliomyelitis and two cases without paralysis were notified. These may be considered small numbers considering the size of the population at risk, but the disease is important because of its permanent crippling effects. All cases notified were of children under nine years of age. One child died from poliomyelitis.

34 pneumonia notifications were received, 10 of which were for children under 5, and 3 for persons over 65 years of age.

These again were not large numbers for the population at risk. They show that epidemic catarrhal infections such as influenza were not common in 1950. There were 18 deaths from pneumonia of all kinds. Several of these cases were not notifiable.

Dysentery provided 27 notifications which is a number out of the usual for this district. This is a disease which may become widespread in a mild form, and which is not necessarily notified efficiently. Mild cases are quite able to attend school or work, and the family doctor is frequently not even called in to see them.

Erysipelas like scarlet fever is waning in importance. 9 cases were notified.

15 cases of diphtheria were notified in a localised mild outbreak in six streets in Dalton. These cases showed small white spots on the tonsils only. No paralysis developed among them and no deaths occurred. Strangely enough the organism causing the infection was a bacillus of the gravis type.

Two of the children had been previously immunised. Before this small outbreak occurred, Dalton had one of the poorest percentages of immunised children in the area. After the outbreak, 892 children were given protective treatment. A special report upon these cases was sent to the Ministry of Health.

Two cases of meningococcal meningitis were notified. This is a number below the annual average, but there was one death.

Six cases of puerperal pyrexia were notified. This is a very small proportion of 1,000 confinements.

Measles was the most commonly notified infection. There were 7 cases in the first quarter, 28 in the second, 93 in the third and 318 in the fourth quarter, giving a total of 451. There were no deaths from measles.

I can only again express my doubts whether the labour involved in notifying and recording these cases was justified by the benefit received.

T U B E R C U L O S I S

	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
Tuberculosis cases on the Register on 1st January, 1950	74	72	23	25
Cases added other than by notification (e.g. transfers from other districts).	10	4	2	-
Cases notified for the first time.	17	10	9	4
Cases removed from the Register. (All causes)	24	30	4	9
Deaths from tuberculosis, included in above.	14	6	-	-
Tuberculosis cases on the Register on 31st December, 1950.	77	56	30	20

The number of new cases of tuberculosis brought to my notice was 40, compared with 41 in 1949. These were 27 pulmonary cases and 13 cases of a non-pulmonary type. No significant change was seen in the level of tuberculosis infection among the population in 1950, but it will be interesting to see if Mass-Radiography Surveys will bring to light any substantial number of undiscovered cases in the coming years.

DIPHTHERIA IMMUNISATION

Children under school age immunised in 1950 for the first time.	-	525
School children immunised for the first time.	-	121
Children receiving refresher doses.	-	554

Immunisation state of the child population.

Age of Children	Children Immunised.
Under 1 year of age	46
1 year old	251
2 years old	531
3 years old	613
4 years old	486
Between 5 and 9 years of age.	2,621
Between 10 and 14 years of age.	2,437

DIPHTHERIA IMMUNISATION - cont'd

	Total No. in District.	No. Immunised.	Percentage Immunised.
Children under 5 years	4,822	1,927	39%
Children between 5 and 14 years, inclusive.	7,780	5,058	65%
Children between 0 - 14 years.	12,602	6,985	55%

Much more attention was given in 1950 to the immunisation of children below school age. The percentage of immunised children below 5 years of age should steadily rise from its present level of 39%, if the campaign persists. The virtual disappearance of diphtheria from the district due to the immunisation campaign has surprised me. I did expect a reduction in cases, but thought that the claims put forward by the Ministry of Health for the abolition of diphtheria were too enthusiastic and much too hopeful. Experience has shown that these claims were fully justified.

It is ten years since a mother has come to see me at my office or the isolation hospital crying because her child was dying with dreadful diphtheritic paralyses, and asking me to do something to save the child. It is something which I sincerely hope never to experience again.

SANITARY INSPECTOR'S REPORT

The following statistics have been supplied by Mr. J. W. Barker, Chief Sanitary Inspector.

Nuisance Inspections

Total number of inspections for nuisances in 1950	493
Nuisances found in 1950	231
Nuisances in hand at beginning of 1950	214
Total requiring abatement	445
Abated during 1950	404
Outstanding at end of 1950	41
Informal notices served	231
Informal notices complied with	228
Statutory notices served	121
Statutory notices complied with	75

Tents, Vans and Sheds

Number in district	36
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Drainage and Sewerage

Certain outlying parts of district still require sewerage.

No. of houses not connected to sewers	661
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Closet Accommodation

No. of privies	258
No. of pail or tub closets	148
No. of waste-water closets	-
No. of water closets	13,617
Water closets constructed for new property during year	247
Total number of closets	14,035
Percentage of closets on water-carriage system ...	97.2%

Scavenging

Public scavenging is in operation throughout the whole district.

The total annual cost of the collection and disposal of refuse was £16,641.

Water Supply

Total number of houses in the district	12,961
Number of houses on mains supply	12,945
Number of houses supplied by wells and springs ...	16
Samples of mains supply sent for bacteriological examination	3
Number - satisfactory	2
Number - unsatisfactory	1
Samples of mains supply sent for chemical examination	4
Number - satisfactory	4

Milk and Dairies Regulations, 1949

No action was taken under Sections 18, 19 and 20.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949.

Number of licences in force for:-

	<u>Dealers</u>	<u>Supplementary</u>
(a) Tuberculin Tested Milk (Pasteurised)	23	6
(b) Pasteurised Milk	30	8
(c) Sterilised Milk	23	2

Sanitary Inspector's Report continued.

Milk (Special Designation) (Raw Milk) Regulations, 1949.

Number of licences in force for:-

	<u>Dealers</u>	<u>Supplementary</u>
(a) Tuberculin Tested Milk	2	1
(b) Accredited Milk	2	-

Ice Cream

Number of premises registered under Sec. 14, Food and Drugs Act, 1938	...	...	...	54
Inspections made of such premises	...	...	...	174
Samples taken for bacteriological examination (Sample was satisfactory)	...	...	...	1

Meat and Food Inspection

Number of private slaughterhouses licenced	...	...	...	9
Total inspections	...	...	...	18
Number of visits to food preparing places	...	...	...	84
Unsound foods seized or surrendered	...	...	...	2,192 lbs.

Other Foods

Samples taken (other than milk) under Food and Drugs Act, 1938.	...	...	...	-
Number of bakehouses in district	...	...	...	3
Underground bakehouses	...	...	...	-

Shops Act, 1934 - Sections 10 & 13 (3).

Number of visits paid under the above Act	...	...	...	101
Unsatisfactory conditions found	...	...	...	8
Remedied	...	...	...	4

Factories Act, 1937 and 1948.

Factories where sections 1, 2, 3, 4 and 6 enforceable by Local Authorities	...	...	...	...	75
Inspections made	...	...	...	...	27
No. of defects found	...	...	...	...	5
Remedied	...	...	...	...	2

Mortuaries

There are three mortuaries in the district at Dalton, Catcliffe and Swallownest.

Housing

Number of dwellinghouses in the district	...	...	12,961
Number of back-to-back houses included in above	...	...	20

Inspection of dwellinghouses during the year

Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Act)	...	...	348
Number of inspections made for the purpose	...	...	796
Number of dwellinghouses (included under sub-head above) which were inspected and recorded under the Housing Consolidated Regulations	...	...	1
Number of inspections made for the purpose	...	...	3
Number of dwellinghouses considered to be in a state injurious to health	...	...	11
Number found not to be in all respects reasonably fit for human habitation	...	...	348

— 1 —

— 2 —

Housing - continued.

Remedy of defects during the year without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action	240
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Action under statutory Powers during the year

Number of dwellinghouses in respect of which notices were served requiring repairs	1
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Number which were rendered fit after service of formal notices - By owners	1
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Proceedings under Public Health Acts

Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ...	107
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Number of dwellinghouses in which defects were remedied after service of formal notices - By owners ...	86
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Proceedings under Sections 11 and 13 of the Housing Act, 1936.

Number of representations, etc., made in respect of dwellinghouses unfit for habitation	11
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Number of dwellinghouses in respect of which Demolition Orders were made	5
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Housing Act, 1936 - Overcrowding

Number of new cases of overcrowding reported during year	27
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New Houses

Number of new houses provided during the year:-

By the Local Authority - Permanent type	180
Temporary type	-

By Private Enterprise	26
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SMOKE ABATEMENT

Mr. J. Law, Chief Smoke Inspector has summarised the work of his department in Rotherham Rural District in 1950, as follows:-

1. Number of observations of 30 minutes duration ...	440
2. Number of minutes smoke observed	1,409
3. Average minutes emission per observation	3.2
4. Number of Intimation Notices served	19
5. Number of Abatement Notices served	3
6. Number of Works visited	40
7. Number of Complaints answered	3
8. Number of Prosecutions made	Nil

Six colliery spoilbanks were on fire. At Thurcroft this was on a section adjoining the Council's refuse tip and was due to the spread of fire from this tip. There was a deterioration in the condition of the conical tips at Cortonwood and Nunnery. Some improvement was seen at Silverwood and Orgreave. There was little change at Brookhouse.

Mr. Law recommends:-

1. The careful elimination of all combustible matter from the rubbish before it is tipped.

Smoke Abatement continued

2. The continuous application of water from fine sprays.
3. The application of sand and lime and the consolidation of tips to prevent ingress of air and consequent combustion.

Mr. Law states that work was in progress during the year to reduce the smoke from boiler chimneys.

The atmosphere over Rotherham Rural District is mainly polluted by smoke drifting in on the prevailing wind from the industrial and urban districts of Sheffield and Rotherham. A simple observation to prove this can be made by any rate-payer, by studying the atmosphere when an east wind is blowing the dirt from the two County Boroughs towards the Pennines.

It would be futile for me to complain about the work of the Sheffield, Rotherham and District Smoke Abatement Committee which is tackling an immense and intricate problem which may not be remedied for generations.

Local pollution comes from our own coal tips, colliery boiler chimneys, coke-ovens and by-product plants. Burning coal tips mostly affect districts within a mile radius, and are more offensive at night or in a still atmosphere. Colliery chimneys use low-grade fuels and tend to scatter ash over the neighbourhood. Coke-ovens, although they do not come under the supervision of the Smoke Abatement Committee, give off considerable amounts of offensive 'green' gas.

There is no doubt that atmospheric pollution adds to the discomfort and ill-health of the population, but, unfortunately, the industries which cause it, provide also our means of existence.

PARTICULARS OF THE HEALTH SERVICES ADMINISTERED BY THE
WEST RIDING COUNTY COUNCIL IN THE DIVISIONAL AREA OF
ROTHERHAM RURAL DISTRICT COUNCIL, KIVETON PARK RURAL DISTRICT COUNCIL
AND MALTBY URBAN DISTRICT COUNCIL.

SCHOOL HEALTH SERVICE

Number of schools in area	56
Number of children on roll	12,485
Number of schools visited by School Medical	
Inspectors	33
Number of children examined:-	
Infants	1,454
Juniors	944
Seniors	683

Specialist Clinics

Number of children referred to Paediatric Clinics ...	53
Number of children referred to Ear, Nose & Throat Clinics	187
Number of children referred to Child Guidance Clinics ..	10
Number of children referred to Oculist Clinics ...	611
Number of children referred to Orthopaedic Clinics ...	86

Number of home visits made by nurses to school children 1,400

Maternity and Child Welfare

Attendances at clinics:-

Under 1 year	16,645
1 year - 5 years	<u>6,951</u>
TOTAL	<u>23,596</u>

Ante-natal and Post-natal Clinics

Attendances at Ante-natal Clinics	5,569
No. of individual women attending	1,280

Health Visiting

First Visits 0 - 1	1,638
First Visits 1 - 5	116
Re-visits 0 - 1	5,190
Re-visits 1 - 5	7,581
Ante-natal Visits	614
Others	2,206

Domiciliary Midwives

Cases delivered as midwives	664
Cases delivered as Maternity	231
Nurses	<u> </u>
TOTAL	<u>895</u>
Ante-natal Visits	3,859
Post-natal Visits	<u>16,557</u>
	<u>20,416</u>

Home Nurses

New cases attended	1,667
Total visits	47,568
Cases transferred to hospital	101

CARE AND AFTER-CARE.

Mental Health.

The following visits were paid by the Mental Health Social Worker during the year 1950.

Statutory visits to 139 cases	-	576
Visits to institutional cases	-	75
for home circumstances reports		
Special visits	-	10

In addition numerous visits have been paid in connection with mental health cases.

1 case was admitted to an institution during the year.

Ambulance Service.

The nearest main depot is situate at Dunford House, Wath, with 2 sub-depots at Maltby and Kiveton Park.

C O M M E N T S

I suppose that there are many people who do not believe that the population is healthier than it was before the War. They can comment upon shortages of meat, eggs, bacon and butter. They can talk cynically about political propaganda and official announcements upon calories when their opinions are contradicted. I am truly convinced that the standards of nutrition and health have improved in this district in the past twelve years. We have here a coal-mining area with a long bad record of irregular employment, and shortage of necessities. Today conditions are easier than they have ever been before. Everything is not perfect. We still have families with poor standards of clothing, cleanliness, household equipment and feeding, but these are in a smaller and smaller minority each year.

In this general improvement, I can say with conviction that the Health Service has played a real part.

Rotherham Rural District holds some remarkable records. I could quote, for example, the very high proportion of houses in the area upon the mains water supply, or the high percentage of houses which are sewered, or again, the large number of new Council houses built since the end of the War. These outstanding records have all been quoted in technical journals and ought to be widely known. It is unfortunate then that we have scattered patches of insanitary houses all over the district which are worse than anything found in adjoining areas. I give as examples the wooden bungalows at Carr, the insanitary houses in Main Street, Bramley, in Main Street, Aughton, in Old School Lane, Catcliffe, and at Westfield, Brampton Bierlow. These houses have persisted long beyond their time because of the acute housing shortage.

I have two comments to make upon this position. Firstly, it appears unfair that a group of people should live under housing conditions suitable for a century ago, when the rest of the community are enjoying better and better amenities. Hot-water systems, baths and electricity are now being installed in the National Coal Board houses, and standards all round are rising. Secondly, tenants from these particularly bad houses require separate housing allocations. Local authorities in rural areas, who dealt with unfit houses individually, made slow progress before the War compared with urban districts, where clearance schemes were used, and they had not cleaned up their districts by 1939. The demolition of the worst types of property in rural areas is a matter which now requires special consideration.

I never did like the term 'problem families' and think that it has the most unfortunate effects upon the staffs of any social services, who have the habit of using it. 'Problem families' come to mean people who are so hopeless from every point of view that they can be carefully labelled and then ignored. There is, of course, no clear cut division between respectable citizens and those whose habits make them a nuisance and a burden to the rest of the community. The arbitrary line is drawn by the person making up the list and is only a matter of opinion. There is no doubt that some families have much lower standards. This is not necessarily entirely the fault of the families, who are not inevitably lazy, shiftless or of poor mentality, nor is it necessarily entirely the fault of the community for not providing them with adequate incomes, food and houses.

The most effective steps to remedy matters are made by training the children of these families in better ways of living. This is a slow and frequently discouraging method, but it wins out with the biggest numbers. These families can be dealt with by School Teachers, Health Visitors and Welfare Officers, without the use of the label, 'problem family' and I should be glad if I never heard this term again.

The most helpless members of the community are babies at one extreme and the elderly and infirm at the other. Their supervision is the particular care of the Health Department. Both groups enjoy better living conditions than ever before in history. An examination of the vital statistics clearly proves this.

Institutional accommodation for elderly and infirm people has not kept pace with the increase in their numbers and the available hospital beds for the elderly sick have actually been reduced. I may be wrong, but I have the impression that relatives take less and less responsibility each year for the care of the aged. Some increase in the scope of the Home Help Service seems to me to be inevitable, in particular to deal with bed-ridden, elderly people, living on their own, who have no one to rely upon for help.

J. M. WATT, M.D., D.P.H., D.C.H., D.R.C.O.G.

Medical Officer of Health,

5 Moorgate,

Rotherham.

12th July, 1951.

